

Site Accreditation Report – New Dawn Center

Completed: February 12-14, 2018

Levels of Care Reviewed:

Substance Use Disorder (SUD) Services

Clinically Managed Low-Intensity Residential Treatment Program (3.1)

Review Process: New Dawn Center was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 70.3%

Combined Client Chart Review Score: 91.3%

Cumulative Score: 85.8%

ADMINISTRATIVE REVIEW SUMMARY

Strengths: The agency provides a wide variety of job skills to the clients including woodworking and making bikes to give back to the community. The staff interviewed produced positive feedback and they reported New Dawn to be a supportive place to work. New Dawn embraced the culture of clients which is evidenced by the drawings throughout the building.

Recommendations:

1. Each agency shall develop root cause analysis policy and procedures to utilize in response to sentinel events according to ARSD 67:61:02:21. The agency has a policy and procedure for sentinel events, but needs to be updated to notify the Division when a sentinel event happens to ensure full compliance with the rule.
2. The agency needs to update the grievance forms to contain the current Division of Behavioral Health name, address (700 Governor's Drive, Kneip Building, Pierre, SD 57501), and phone number (605-773-3123), so that clients have the correct information to contact if needed. The old forms had the wrong address listed for the Division of Behavioral Health.

Plan of Correction:

1. The agency will ensure counseling staff are on duty as required according to 67:61:04:09 clinically-managed low-intensity residential treatment programs shall operate 7 days a week, 24 hours a day. The agency shall have a staff member trained to respond to fires and other natural disasters as well

as to administer emergency first aid and CPR on duty at all times. The agency shall maintain written staff schedules which shall be available to the division at the time of the accreditation survey. When reviewing personnel files not all staff had documentation of training in first aid or CPR and a staff schedule was not available.

2. The agency shall update their policies and procedures manual to establish compliance with Administrative Rules and procedures for reviewing and updating the manual according to ARSD 67:61:04:01. The agency's policy and procedure manual still referenced the old ARSD 46:05 and need to be updated to reference ARSD 67:61.
3. The agency shall have a policy regarding abuse, neglect and exploitation of a client according to 67:61:06:03. In review of the policy and procedures, the agency did not have a policy regarding abuse or neglect and exploitation of a client.
4. Contract attachment 1 requires agencies to publicize priority services for pregnant women, women with dependent children and IV users. The prioritized service needs to be documented. A policy for Limited English Proficient (LEP) will also need to be put in place per contract attachment 1. Both policies were missing when reviewing the agencies policies and procedures.
5. According to ARSD 67:61:05:01, a two-step Tuberculin skin test for new employees is required, with one-step occurring within 14 days of the date of hire and the second step within the first twelve months of employment. When reviewing personnel files, TB tests were not completed within 14 days of hire.
6. The agency needs to develop a policy and procedure on the storage of records that will ensure compliance with the timelines for closure of inactive clients, or those clients who have had no contact by phone or in person with the agency, as required in ARSD 67:61:07:04. The Rules promulgated in December 2016 now clearly define inactive clients and the timeframe in which case closure is needed. New Dawn should develop policies and procedures that will ensure which staff are responsible for closure of inactive clients to be in compliance with this rule.
7. A compliance survey was conducted on February 27th, 2017 by the Department of Health. At that time, Department of Health reported the kitchen needed to be remodeled or replaced. In the November 28, 2017 survey the Department of Health reported the bathroom also needed to be remodeled or replaced. According to 67:61:09:02, a residential program must meet the sanitation and safety standards for food service in Chapter 44:02:07. New Dawn has indicated funding has been secured and the remodel was to start in the beginning of February. When the accreditation team visited the facility the kitchen had not been started. The agency needs to develop a timeline for the remodel of the kitchen to be completed. The agency needs to develop a timeline to secure funding for the bathroom remodel and a timeline for completion of the project.
8. According to 67:61:08:02, the residential program needs to meet the requirements for control, accountability, and safe storage of medication and drugs. New Dawn needs to ensure their controlled drugs are in a separate locked box or drawer in the medication storage area as well as the medication requiring refrigeration shall be stored in an area inaccessible to clients and visitors. The fridge was found to have drinks in it and located in the client's kitchen area where could be accessible to clients and or visitors.
9. According to 67:61:08:10, Clinically-managed low-intensity residential treatment programs can allow clients to possess and self-administer without supervision those prescription medications that

have been identified as allowable medication on a list developed specifically for the client in consultation with a licensed physician which is reviewed at least annually. Any medication not identified on the list is administered under supervision. New Dawn does not keep record or have an allowable list for each client to administer their own medications and allow clients to have their medications for a week at a time in their individual room. Please develop a way to review and monitor a list of medications that clients can self-administer per a licensed physician.

10. A client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota including the right to confidentiality of all records, correspondence and information relating to the assessment, diagnosis and treatment in accordance with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C.. the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. part 2 and the security and privacy of HIPPA, 45 C.F.R. Part 160 and 164. The Division of Behavioral Health received a complaint that the agency was not keeping client's information confidential. The DBH attorney found in his investigation that the agency did not have a policy on HIPPA. Please develop a policy to ensure compliance with HIPPA and 42 C.F.R. along with a process for training current and future staff on confidentiality including HIPPA and 42 C.F.R. In addition the client rights form needs to be updated to meet ARSD 67:61:06:02. This went into effect in Dec. 2016. Two of the six guaranteed client rights should be updated to clearly identify all client rights. The following items from this Rule need to be added:
 - i. To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system;
 - ii. The right to participate in decision making related to treatment, to the greatest extent possible.

CLIENT CHART REVIEW SUMMARY

Strengths: The clients interviewed shared positive feedback regarding the services provided by the agency. Clients report the agency is a place that staff care about them and listen to them and that the staff is accessible when needed. Client treatment and progress is documented well through treatment plans, progress notes, and discharge summaries. The agency ensures the length of stay is individualized to the client when they meet their individual goals. The TB screens for clients were completed on all charts reviewed.

Recommendations:

1. The agency should individualize the client's treatment plans by utilizing the client's own words or treatment goals. When reviewing charts the agency did not put the client's words in their treatment plan. The treatment plans also did not indicate target dates for long term goals per 67:61:07:06.
2. The agency reported the date in which their individual session took place; however, according to 67:61:07:08 progress notes and individual notes, to be billed, shall include the length and time met with the client. It is recommended that New Dawn add the length of time and the time the staff met with the client for each individual session.
3. According to 67:61:07:10, discharge summaries shall be completed within 5 working days of the client leaving services regardless of the reason for discharge. In review of the charts; 1 of the 10 charts was missing a discharge summary and 1 chart did not have the summary completed within 5

working days. During the review it was discussed that regardless of the timeframe in which the client has been in services a discharge summary is required even if the client is in services for a brief period of time

4. According to 67:61:16:04, a person admitted to a clinically-managed low-intensity residential treatment program must have received a medical examination conducted by or under the supervision of a licensed physician within the three months before admission or within five calendar days after admission. In the charts reviewed 4 of the 10 had an exam completed, but not within the appropriate time frame please develop a policy to ensure completion within the time frame.
5. The agency shall ensure the correct annual financial eligibility and mean testing form is completed. The agency was using forms dated from 2015 in some charts; however, did have correct forms in some of the charts reviewed. Please ensure the old forms are no longer used in client charts, the 2018 financial form is currently on the DSS website for use.

Plan of Correction: None